

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NUMBER 10731644		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/		/				61				
2		/		/			62				
3		/		/			63				
4		/		/			64				
5		/		/			65				
6		/		/			66				
7		/		/			67				
8	/		/				68				
9		/		/			69				
10		/		/			70				
11	/		/				71				
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37							97				
38							98				
39							99				
40							100				
41											
42											
43											
44											
45											
46											
47											
48											
49											
50											
TOTAL IND.	9		3				TOTAL IND.				
TOTAL DEP.		9		9			TOTAL DEP.				
TOTAL CLAIMS	12		12				TOTAL CLAIMS				